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Communications.

ERROES IN DIAGNOSIS: WHY ARE
THEY SO COMMON?

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There are few things in the practice of medicine more difficult than the art of diagnosis, and yet it is a notorious fact that too many practitioners form their opinions and regulate their treatment of disease, on evidence that is inadequate, and which would not be acted upon in the most ordinary affairs of life. Nothing injures the reputation of a physician so much as errors in diagnosis. If he mistake the disease of a patient, his judgment and skill will be immediately called in question, and if they are of frequent occurrence, he will soon find that his occupation is gone. The success of every physician, in a great measure, depends upon his skill as a diagnostician. If he fail in this particular, it matters little how proficient he may be in other departments of medical science, it will always be a serious obstacle in his way to professional eminence. The greatest lights in the temple of modern medical science have been men who have been highly gifted as diagnosticians. THOMAS WATSON, BENTLEY TODD, THEOPHILUS THOMPSON, GEORGE B. WOOD, W. W. GERHARD and AUGUST FLINT rank much higher in the profession than other men, because they excel in this department of medical art.

This is no new doctrine; it was distinctly taught by Hippocrates. Listen to his quaint language on this subject—"Many physicians seem to me to be in the same plight as had pilots, who, if they commit mistakes while conducting a ship in a calm, do not expose themselves, but when a storm and violent hurricane overtake them, they then, from their ignorance and mistakes, are discerned to be what they are, by all men, namely, in losing their ship. And thus bad and common-place physicians, when they treat men who have no serious illness, in which case one may commit great mistakes without producing any formidable mischief, (and

such complaints occur much more frequently to men than dangerous ones,) under these circumstances, when they commit mistakes they do not expose themselves to ordinary men; but when they fall in with a great, a strong and a dangerous disease, then their mistakes and want of skill are made apparent to all. Their punishment is not far off, but is swift in overtaking both the pilot and physician."

But why are errors in medical diagnosis so common? They may be principally attributed to two sources, namely, ignorance and carelessness. Sufficient attention has never been paid to diagnosis as a special branch of medical art. Until quite recently it was not taught as a distinct branch of medical science. Students were graduated by the hundreds and sent out to enter upon the duties of the profession without any practical knowledge upon the subject. The student was not taught at the bed side of the sick to diagnosticate disease. It was sufficient that he studied two or three years in a physician's office, attended a course or two of lectures, and saw a few surgical operations in some hospital. But to examine a case for himself, make out a diagnosis, and prescribe for the patient, under the eye of a competent teacher who was able to correct his mistakes, was a thing almost unheard of. Some private physician might have taken this much pains with his pupil, but for a learned professor in one of our medical colleges to become thus familiar with a student, he was in danger of compromising his dignity.

During the last few years, however, things have changed somewhat. For the purpose of rendering instruction in medical science more practical, clinics, as they are called, have been established by some of our colleges and hospitals. At these clinics they profess to teach clinical medicine, diagnosis in particular. But it will not require a very acute observer to see that the whole thing is a perfect farce. In those that I have visited I could see but very little that would aid the student in acquiring a knowledge of the art of medical diagnosis. The mode of instruction, as commonly pursued at these clinics, is in direct opposition to that followed in nearly every other department of learning. A class of medical students in the presence of a clinical teacher, may be compared to a class of school boys, who have all their mathemat-

ical problems solved for them by their teacher. It is remarkably easy for a pupil to pass the rounds of learning in this way. But how much will his mental powers be strengthened by this mode of instruction. Experience answers, very little. The pupil must stand up for himself; exercise his own mental powers, and grapple earnestly with every difficulty connected with the solution of a given problem. When he has been successful he feels that his mind has gained new power, and he is prepared to go in quest of new discoveries, encounter greater difficulties, and achieve more brilliant victories on the field of science.

In all our popular medical clinics, the student is a mere spectator. He has nothing to do with examining the patient, making out the diagnosis, or prescribing the treatment. Any difficult problem connected with the patient's malady is worked out for him by another. He therefore loses the benefit to be derived from personal inspection, and the necessary mental exercise which would follow as a sequence. His memory alone may be strengthened, but his perception, reason and judgment are stultified. If, therefore, medical students are to be benefited by these exercises, the whole order of conducting them will have to be materially changed. In a class of twenty or thirty advanced students, let four or five be selected every day, to each one let a patient be given for examination. Let each one make out his own diagnosis and treatment of his case, after which, the professor of the clinic, in the presence of the class, may criticise or correct anything that may be wrong either in the treatment or diagnosis. This is the plan pursued at the clinic of Professor ALBRECHT VON GRAEFE, of the Royal University at Berlin. He is regarded as one of the best teachers of clinical medicine in Europe. His specialty is ophthalmology. In the examinations of his pupils he is said to be very strict; they must give a reason for every opinion, and the diagnosis of no case is permitted to pass without undergoing the most rigid scrutiny.

If the above course was pursued by our teachers of clinical medicine, our students on leaving college would be better prepared to enter upon the practical duties of the profession. Their knowledge would be something more than theoretical; it would be definite, and in most cases positive. And as such it would stand the test of practical experience. Instead of entering upon the practice of medicine, as the great mass of them do, with a note book filled with the so-called remedies for disease, their minds would be richly stored with those great practical truths which unfold the nature of disease, and the symptoms and signs by which it is interpreted. Their diagnosis would be something more than a mere conjecture—it would ap-

proximate to positive knowledge. This would render them efficient practitioners, and their success would be commensurate with their highest aspirations. It is for the want of this knowledge that so many of the graduates of our colleges never succeed as practitioners. And our country will be filled with quacks of all descriptions until there is a radical reform in this particular. Diagnosis must be something more than a mere conjecture, and treatment more than an experiment. If physicians were as well educated in this branch of medical art as they should be, errors in diagnosis would be comparatively of rare occurrence, and those charlatans who profit by them would be compelled to seek a living in a more honest and honorable way.

Another thing which we might mention, that has been a serious hinderance to the successful cultivation of the art of medical diagnosis, was the want of text books on the subject. We had, it is true, several excellent works devoted to the diagnosis of chest diseases and urinary organs, but aside from these we had no systematic treatise on the general subject of medical diagnosis. But this difficulty has been in a great measure obviated by the publication of Dr. BARCLAY'S "Manual of Medical Diagnosis." We look upon this book as filling a great chasm in our medical literature. The want of such a book was felt by every enlightened member of the profession. In our judgment it is a work of more than ordinary merit, and the writer has executed his self-imposed task with rare ability. The topics discussed are of commanding interest, and are worthy of the most careful study. And having very recently been revised, it has been rendered much better adapted than before to fill the growing wants of the profession. In its classic pages the student will find much to assist him in the prosecution of his arduous studies, and the busy practitioner who may want a convenient and accessible work for speedy reference in the exigencies of his daily duties, will seldom seek in vain for such information as he desires.

But while some physicians err in their diagnosis for the want of knowledge, there are many who do the same from mere carelessness. Their mind does not appear to be intent upon their business. They never investigate a patient's malady with that attention which they should do. They may, perhaps, ask a few questions in relation to the sufferer's general health, look at his tongue, feel his pulse, and send him away with a prescription that is not at all adapted to meet the wants of his case. He is not benefited, and in some instances positively injured. This will almost always be the case if the more potent articles of the materia medica are prescribed, and the diagnosis be very

erroneous. In this way great injury is inflicted upon the reputation of the profession, as well as those who are afflicted with disease.

If there is one man in society who should be attentive, cautious and careful, that man is the physician. To a certain extent the health and life of the community are in his hands. One mis-step on his part may break the golden cord on which is suspended the earthly existence of a fellow being. It is a fearful reflection that he deals in deadly instruments, and that when he wields them without

proper care and discrimination he may kill his friends as well as his foes. A careless physician is a dangerous man in the community. I would rather live near a volcano than such a doctor. He should not be tolerated in the ranks of the regular profession. Turn him over to Homœopathy, so that if he will continue to prescribe for the sick without forming a correct diagnosis of their disorders, he may give them medicine in such infinitesimal doses that it will not do them any harm.



Fig. 3.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

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The Ophthalmoscope—Directions as to its Employment.

(Continued from p. 307.)

Before commencing with directions for its management, I ought to mention that the ophthalmoscope, when employed alone, gives the upright picture of the interior of the eye, but when we use the lens we see an "inverted picture," so that what appears to be placed upward or inward, is in reality situated downward and outward, and vice versa, the great advantage derived from the use of the double convex lens is that by it we obtain a larger picture; but should we desire to reduce it we then can use a double concave lens. The simple mirror of Anagnostakis, used in combination with a convex glass in the manner I am about to describe, certainly allows of our seeing in their real position parts which do not fall within the focus of the patient's crystalline lens. Thus a morbid growth—an encephaloid mass, for instance—which might be seen on the floor of the vitreous chamber, would be found really to occupy that po-

sition when the globe has been extirpated. But the optic nerve and retina, lying within the focus of the patient's lens, are seen reversed; so that the axis of vision, which is really placed on the temporal side, appears to lie on the nasal side of the nerve, and an extravasation of blood, or patch of pigment below the nerve, would appear to be above it.*

Having darkened the room, the patient should be seated by a small steady table, the lamp having been lighted and placed close to the side of the head, the flame on a level with the eye, so that the face receives no direct rays by means of the side shade.

The surgeon sitting on a high stool or standing in front of the patient at about eighteen inches distance, for the indirect method, with the ophthalmoscope applied to his own eye, as seen in the cut, (Fig. 3.) receives the rays from the flame, and by a slight oblique motion reflects them upon the patient's eye, whose pupil is in a short time illuminated with a bright red glow, that changes to silvery white when the eye is turned slightly inward toward the middle line. Then holding the double convex lens by the handle as in the picture,

* Dixon on Diseases of the Eye, p. 777-3.—Holmes' Surgery, vol. II. London, 1861.

or between the thumb and forefinger of his left hand, he places it at the distance of about one inch in front of the patient's eye, steadying it by lightly touching the orbital region with his little finger between this end and the speculum and then by a slight to and fro movement of his head he tries to catch the distance at which the inverted image of the patient's fundus is visible to him; when he has this he then begins to see the disc of the optic nerve and the vessels of the retina. You must not expect to see too much at first examination, as it requires some practice to properly illuminate even the fundus of the eye and place the convex glass in proper position. It is well to make experiments upon some of the lower animals, especially the white rabbit, which makes a most admirable subject. To be able to see the optic nerve well the patient must be directed to turn the eye a little toward the nose, and by turning slowly in various directions the whole of the fundus can be thus explored.

"For the examination by the direct method, the pupil should be fully dilated, and the accommodation paralyzed with atropine; the patient and lamp should occupy the same relative positions as they do in the indirect method, but the surgeon must bring his eye within a much shorter distance of the patient's eye; an inch and a-half to two inches. In approaching so closely to the patient's eye, if a concave speculum, as *LEIBREICH's*, is used, much light is cut off the outer margin of his orbit, and the illumination of the fundus is proportionately dim; but at these short distances *ZEHENDER's* ophthalmoscope still illuminates brightly, and for this reason its employment is preferable in the direct examination."

Zehender's Ophthalmoscope.

"Unlike those which have been described, this consists of a convex metal speculum, in combination with a biconvex lens which is of shorter focal length than the negative focal length of the speculum. The clip which holds this lens is mounted on a jointed bracket which turns right and left on the short handle of the speculum. A clip for an ocular lens is hinged to the side of the frame just as in *LEIBREICH's* small ophthalmoscope; it is however less easy to manage."

The eye may be illuminated by still another method indirectly alluded to before, namely, the "oblique illumination," but which cannot be carried with entire satisfaction beyond the capsule of the lens. This consists in placing the light at the side of the eye to be examined, and the surgeon will find it most convenient to stand behind and above the patient inspected, so as to get the light reflected from the crystalline lens. A double con-

vex lens is so inserted between the eye and the light that its focus falls upon the parts to be examined. If we desire to examine the superficial reflecting medium of the eye, as cornea, lens, &c., the rays of light should be made to pass through near the centre of the glass; but should we find it desirable to examine for cataract or adhesions of the iris to the capsule of the lens, the nearer to the upper margin of the lens should the rays be refracted. No examination, however, can be complete for cataract or deep-seated lesions of the eye without the use of the ophthalmoscope. Besides the ophthalmoscopes we have already noticed, there are Prof. *JAEGER's*, of Vienna, and Prof. *DESMARRE's*, of Paris. Both are metallic mirrors, and only differ slightly in form. That of Prof. *RAU*, of Berne, is a concave mirror of glass, lined with mercury, and its focus is fourteen inches. We shall notice the large ophthalmoscope of Dr. *LEIBREICH* in our next article.

DISLOCATION OF THE HUMERUS.

By L. Traver, M. D.,

Of the U. S. Navy.

Mr. Harry W—, seaman, aged 24 years, of good constitution, attached to the U. S. Gunboat *Ceres*, during the engagement at Roanoke Island, N. C., February 7th, 1863, while in the act of ramming the cartridge "home," and standing on the left side of the gun, a premature discharge took place, forcing the rammer violently through his hands, causing a dislocation of the left shoulder, downward. At noon on the succeeding day I took charge of the case, at which time the following symptoms were present:

The head of the bone could be felt in the axilla, at its anterior and under part; the arm was lengthened to the extent of about an inch; the fore-arm somewhat bent, causing a great deal of pain, and two of the fingers numbed in consequence of the pressure of the head of the bone on the axillary flexus. The elbow was separated from the trunk and carried somewhat backward, but could be approximated to the side. There was flattening of the shoulder, a hollow under the acromion, and an apparent projection of this process.

The reduction took place by the heel in the axilla. Placing the patient upon his back upon a low cot, I seated myself upon the edge of this on the same side as the dislocated arm, taking the limb by the wrist and fixing one foot firmly upon the floor, placing the other, merely covered with the stocking well up into the axilla, so that the heel might press against the lower border of the scapula, and the ball of the foot act upon the humerus. Then drawing the limb steadily downward, when it was disengaged to a sufficient ex-

tent, I carried the limb across the patient, using my foot as a fulcrum, by which the head of the bone was pushed upward and outward into the glenoid cavity.

After the dislocation had been reduced, a small pad was placed in the axilla, the limb was bandaged to the side and supported in a sling.

There was immediate relief from pain, although considerable swelling followed the reduction for a week, but it yielded to *lead* and *opium* fomentations, and in about seven weeks the patient gradually regained the use of his arm so as to be able to perform his accustomed duties.

The above case was complicated with a severe burn of the fore-arm from the flame of the ignited powder at the time the explosion took place, and was dressed with the usual remedies in cases of this kind.

EDITORIAL DEPARTMENT.

Periscope.

Poisonous Plants, Serpents and Antidotes.

Among the descriptions of the native plants and snakes of those regions, the author makes the accompanying statements with regard to some of the poisonous varieties, and those of the former which are employed as antidotes to the virus of serpents:—

"Great care was necessary in selecting spits for roasting the beef, on account of a most poisonous shrub, the deadly *guachamacá*, abounding there. It belongs to the extensive family of Apocineæ, or Dogbanes whose poisonous qualities are known all over the world. So virulent is his poison, that meat roasted on spits made from his *guachamacá*, absorbs sufficient poison to destroy all who partake of it.—The lazy Indians make use of it to kill without trouble the cranes and herons on the borders of the lagoons. For this they procure a number of sardines, besmear them with the juice of the plant, and spread them along the places frequented by those birds.—The moment one of them seizes the fish, and before it is fairly swallowed, the bird drops dead; then the indolent hunter, issuing from his hiding place, cuts off the parts affected by the poison, usually the head and neck, and feels no scruple in eating the remainder.

"A dreadful case of poisoning by means of this plant had just occurred at Nutrias, soon after our arrival on the Apure, which created for a time great excitement even amidst that scattered population.—A woman who lived with a man in the vicinity of that town became jealous of the attentions he bestowed upon a charming neighbor of theirs, and determined to avenge herself, but in some manner that would not excite suspicion. In those remote regions, where coroners and chemists are unknown, it is impossible to detect murder, except where marks of external violence are visible. Accordingly, she prepared for her lover a bowl of *masato*, a favorite beverage of the country, made of Indian corn boiled, mashed in water, and fermented; in this she soaked chips of the poisonous plant, and offered it to him with smiling grace. Delighted at the sight of the tempting bowl, the unsuspecting lover invited several of his neighbors—among them the hated rival—to

share it with him. The woman, not intending to destroy any but her perfidious lover, during his absence prepared another bowl, omitting this time the poison. Llanero politeness obliged the host, however, to mix his portion with the others, which having done, he invited the company to dip their calabash cups into the bowl. Out of eleven persons there assembled, among them several children, not one escaped except the wicked perpetrator of this wholesale murder; nor even the donkeys and fowl of the household, as their attentive master had thrown them the remains of the deadly mixture.

"Such is the dread in which the Llaneros hold this plant, that I was not even permitted to preserve the specimens of fruit and flowers I had collected, with the object of ascertaining, on my return to the Valleys, the botanical characters of the species. They almost threatened to desert, if I insisted upon carrying them among my baggage.

"The propagation of this plant throughout the Apure appears to be of recent origin, none of the oldest inhabitants recollecting to have met with it until within a comparatively short period.

"Another singular practice obtains among the Llaneros; it is that of inoculation with the juices of certain plants possessing alexipharmic virtues, after which the most poisonous snakes may be handled with impunity. It is asserted, moreover, that *cerrados*—as individuals thus inoculated are termed—are not only proof against the bite of these reptiles, but can attract them around their persons by merely clapping of hands or whistling for them in fields where they abound. Having never witnessed any of these experiments, I will neither undertake to uphold the truth of this assertion, nor will I question its veracity; but there are hundreds of reliable persons in the country who will unhesitatingly swear to its efficacy; among them, is the testimony of Dr. BENITES, a professional gentleman who has published the result of his experiments in a small book on the *materia medica* of the country. With the view of ascertaining the alleged properties of the guaco, he devoted much time, while at La Victoria, in experimenting with various kinds of snakes; from him I quote the following passage:—"The guaco possesses in a high degree the faculty of preserving man and animals in general from the terrible and fatal effects of the bites of serpents. This valuable secret, discovered in Bogotá by the celebrated naturalist, DON CELESTINO MUTIS, in 1783, remains still as such among some *curanderos* of our own country, who, under certain mysterious forms, and availing themselves of the fangs of serpents, puncture several slight incisions in certain parts of the body, which they fill with the powdered leaves of the guaco previously made dry, and administer the same internally mixed in common rum. This property of the guaco is so reliable, inoculation by means of the juice such as was practised by MUTIS himself so well authenticated, and the facts concerning it is so well-attested, that there cannot longer exist the least doubt in regard to its efficacy. I wished to convince myself by actual experiment, and can testify that in a thousand trials of inoculation practised by myself in different ways on patients whom I allowed to be bitten by various kinds of snakes, I never knew one to fail.—Suffice it to say that the principal amusement of children in this place is to catch, carry about and play with snakes, and that even young ladies keep them in their bosoms or coil them around their necks."

"The guaco is employed, moreover, in various other disorders of the system with great success. In chronic rheumatism it is an invaluable remedy, both in the form of poultices made of the fresh leaves, or by simply rubbing the part affected with a decoction of the plant in spirits, and taking internally one or two ounces of the expressed juice, morning and evening. Administered in the latter form, it is an efficacious remedy against hydrophobia, if given immediately after the person has been bitten by a mad

dog. General PARZ was thus saved, when a youth, from this dreadful scourge of tropical countries; he has, nevertheless, retained in after life some evil effects of the virus still in his system, manifesting itself in a tendency to severe spasmodic affections, especially at the sight of a snake, which invariably induces violent convulsions.

"Next to the guaco in importance as an alexipharmic, may be classed the *raiz de mato*, including several varieties of *Aristolochias*, the roots of which are intensely bitter. As its name implies, it is said to afford the *mato*—a large species of lizard—a prompt antidote against the bite of his old antagonist, the snake. There would seem to exist some ancient grudge between these two reptiles, many persons asserting that whenever they come in sight of one another, they instantly rush to the attack, the *mato* never failing to overcome his rival by his superior botanical knowledge; this, or his instinct, prompts him to seek the plant, and, swallowing some of the leaves, returns recuperated to the fight.

"It was doubtless from this circumstance the knowledge was first obtained respecting the valuable properties of the plants; and it is not a little remarkable that people in different parts of the world, unacquainted with the botanical structure of *Aristolochias* should have discovered in them properties of equal merit, and classed them under the same vernacular name."—*Boston Med. and Surg. Journal*.

Whooping-Cough Treated with Bromide of Ammonium.

The following clinical reports on the treatment of whooping-cough by Bromide of Potassium, we find in the *Dublin Medical Press*. The following cases were under the care of Dr. HARLEY at University College Hospital.

It must still be fresh in the memory of our readers that Dr. GRIS discovered in the bromide of ammonium a most valuable pharyngeal and laryngeal anesthetic; and it is this special character of the remedy which Dr. HARLEY has endeavored to turn to useful practical account in the treatment of pertussis. During the last six months a very great number of children have suffered from whooping-cough; and every general practitioner, as well as hospital physician, knows that the success in the treatment of this troublesome affection has not at all been in proportion to our experience of the disease. Indeed, as Dr. HARLEY in his clinical remarks observed, there are few diseases the diagnosis of which is so easy, the pathology so obscure, and the treatment so uncertain, as those of common whooping-cough. Specifics in abundance have been at various times proposed; but one after another, after a year or two's trial, has gradually fallen into disrepute. Although the pathology of whooping-cough is still very obscure, one thing, Dr. HARLEY says, is evident—namely, that the exciting cause of the whoop is the reflex irritation of the branches of the pneumogastric nerves. The pneumogastric nerves supply the glottis by means of their recurrent, the lungs by their pulmonary, the stomach by their gastric, and the diaphragm by the diaphragmatic branches; and let the nerve irritation originate where it may, one thing at least is clear—namely, that the immediate result is spasmodic action of all the parts supplied by the vagi. Thus it is we have the violent expulsive cough, followed by the spasmodic constriction of the glottis, impeding the free return of air to the lungs, and thereby producing that peculiar sound from which the disease takes its name. Next we have the spasmodic action of the stomach inducing vomiting, and that again is aided by the convulsive contractions of the diaphragmatic muscles. Such being Dr. HARLEY's views, his object in giving bromide of ammonium was to induce, if not semi-paralysis, at least partial insensibility, of the glottis

and thereby if possible prevent the occurrence of the spasm, which is undoubtedly the chief source of misery during the attack. His method of treatment is as follows:—

Case 1.—February 9, 1863; Eliza F.—, a tolerably well developed child, aged eighteen months, who had whooped for eight days, was first treated with five minims of tincture of belladonna and a quarter of a grain of sulphate of zinc in two drachms of water, thrice a day. 16th: Cough just as before. There is dryness of the throat, showing that the belladonna had produced its specific effect. The treatment is now (on the fifteenth day of the disease) to be changed to five grains of the bromide of ammonium dissolved in water three times a day. 19th: Cough, or rather the whoop, is already much better. To repeat the mixture. 27th: The child no longer whoops but has still a slight cough. The bronchitic cough lasted till the 20th of March, when the child was dismissed as cured.

Case 2.—Ellen S.—, aged four years and four months, was brought to the hospital on the 5th of May. She had whooped during seven weeks, and had an ordinary catarrhal cough for fourteen days before the whoop commenced. She now whoops every time she coughs, which occurs about three or four times an hour, although she occasionally passes about an hour without coughing. The child was very stout before her illness began, and, although she is not yet emaciated, the mother says that she has lost a great deal of flesh. Skin hot; appetite very bad; bowels usually open twice a day. To have six grains of bromide of ammonium in two drachms of water, three times a day. 8th: To-day the mother states that after leaving the hospital on the 5th she carefully watched the child, and found that she whooped thirty-two times in three hours; but since taking the medicine the whoop is very much diminished, and to-day (third day of the bromide) the child has passed three hours without either coughing or whooping. To repeat the mixture. This patient was not again brought to the hospital.

Case 3.—Feb. 26th: H. W. O.—, aged four years, began to whoop on the 22nd (four days ago). Had a catarrhal cough for ten days before he began to whoop. To take six grains of the bromide of ammonium in two drachms of water, three times a day. March 2nd: The child has very much improved. Has only a very slight cough. The whoop has ceased. This is only the fourth day of the treatment and the eighth of the disease.

Case 4.—March 2nd; Brother (aged two years ?) of last patient is now ill. He began to whoop on Feb. 25th (six days ago). He is also to be treated with the same medicine; but in order to try the effect of very small doses, only one grain and a half are to be taken thrice a day. March 20th: Child still whoops, though not so much as before. 27th: Whoop ceased two days ago: twenty-fifth day of treatment, thirty-first day of the disease.

Case 5.—March 27th: Third child (aged three years) in same family, began to whoop on March 22nd (five days ago). Whoops three or four times a day, and four or five times during the night. As this child was under the same hygienic conditions as the two preceding cases, it was thought an excellent opportunity of still further testing the effects of different doses of the bromide, and accordingly three grains were ordered to be taken three times a day. May 1st: The mother did not bring the child back till to-day, and gave as her reason the fact of the child having ceased to whoop three weeks ago; that is, on the fourteenth day of the treatment, and the nineteenth of the disease. The catarrhal cough, however, still continued, and for this *ipeacuanha* wine and camphor mixture were ordered. The cough ceased a week later.

Dr. HARLEY remarked to the students that the remedy does not appear to act by removing the cough, but simply by preventing the occurrence of

its chief and most disagreeable symptom—the whoop. It also appears that the larger the dose of the bromide the more speedy is the cure. To remove the catarrhal after-cough, an ordinary expectorant is all that is required.

Eleven cases are also published that were treated by Dr. GIBB in the same manner at Westminster Hospital. The following is one of his cases:—

Case—Henry D—, aged seven, had whooped for two weeks, preceded by catarrh for ten days. The cough was so severe and the spasms were so prolonged that his mother stated he had been nearly choked several times. They occurred every hour, but more frequently towards night. Four grains of the bromide of ammonium were ordered three times a day. At the next visit the cough was better and the whoop less frequent, the spasms also were not so severe nor so frequent. At the third visit (seventh day of treatment) the whoop had ceased, the spasms had degenerated into a mild cough, and the pertussal nature of the disease had changed. He was now put on the *Ipecacuanha* mixture, which dispelled the cough in a few days, and she was cured.

In some clinical remarks made by Dr. GIBB, he stated that the foregoing cases were a few only that he had kept a note of, as showing the value of the bromide of ammonium in whooping-cough; and in some cases the results were satisfactory enough. If the little patients had been treated within the hospital wards, and carefully watched, the general results might have been more to be depended on; for although the children had mostly got well as outdoor patients, yet they were liable to a recurrence of the disease on any unfavourable change of the weather, the result of their general exposure. Judging from his experience in these cases, and those also at the West London Hospital, he would say that whooping-cough, even in very bad cases, could be readily cured by the new salt of bromine; but like many other remedies, it could not be expected to cure the disease invariably. Learning from experience the effects of the salt upon the mucous membrane of the entire body, but more especially of the upper respiratory tract, he thought that whooping-cough was one of those diseases that ought to be submitted to its influence, and in the general results he was not disappointed. As a permanent remedy, he had more faith in the dilute nitric acid given in pure syrup, when combined with topical application to the larynx of a solution of nitrate of silver; but as others had either found it useless or had not given it a trial, it was but right that other agents capable of curing the disease should be made known, and one of these was bromide of ammonium.

With regard to the dose: for infants, two or three grains, three times a day are enough; to older children from four to eight grains may be given, and in some cases, where the symptoms are remarkably severe, even ten grains. The simpler the vehicle the better, but if there is a tendency to bronchial or pneumonic inflammation, it should be combined with either a mixture or the wine of *Ipecacuanha*.

The special nervous symptoms seem to be more under the control of the drug than the catarrhal, for the spasms diminish in frequency and severity, and consequently the whoop is not so often heard, showing a subsidence of the active symptoms. *Post passu* the cure is not more speedy than from the dilute nitric acid in uncomplicated cases; nevertheless, it is worthy of a more extended trial, especially in severe and obstinate cases.

Radical Cure of Hydrocele.

The treatment of hydrocele would scarcely appear to be open to much improvement, and yet M. MAISONNEUVE may be said to have rendered valuable service to country practitioners, in supplying them

with the means of curing hydrocele without assistants, and without any iodised or vinous injection. Surgical instrument-makers, by flattening the handle of the trochar, have made it a much more portable instrument; it can be placed in the common dressing case, and no peculiar apparatus is now required for the operation. A radical cure can be effected with the trochar, a common conductor probe, and a stick of nitrate of silver. The procedure is instituted as follows:—The cylinder of caustic and the probe are placed together in the flame of a candle, the nitrate of silver melts, and one drop adheres to the conductor, and solidifies on its point. The tumor is then punctured and its contents removed. The style after being cleansed of the lamp-black on its surface, is inserted into the tunica vaginalis through the cannula, and carried rapidly three or four times over its surface. The nitrate of silver dissolves in the cavity, and induces a sufficient amount of inflammation to secure satisfactory results. After this operation, M. MAISONNEUVE is of opinion that the patient should remain in bed for a week or ten days. In one month a complete cure is effected. We should add that the same procedure is applicable to all small serous cysts, in which the tincture of iodine is habitually injected.—*Jour de Méd. and Dublin Med. Press.*

The Moisture in the Air.

One of the most curious and interesting of the recent discoveries of science is, that it is to the presence of a very small portion of watery vapor in our atmosphere—less than one-half of one per cent.—that much of the beneficent effect of the heat is due. The rays of the heat sent forth from the earth after it has been warmed by the sun, would soon be lost in space, but for the wonderful absorbent properties of these molecules of aqueous vapor, which act with many thousand times the power of the atoms of oxygen and nitrogen, of which the air is composed. By this means, the heat instead of being transmitted into infinitude as fast as produced, is stopped or dammed up, and held back on its rapid course, to furnish the necessary conditions of life and growth. Let this moisture be taken from the air but for a single summer night, and the sun would rise the next morning upon a "world held fast in the grip of frost." But the power of absorption and of radiation in the same body are always equal, so that at length it is poured forth into space, else our atmosphere would become a vast reservoir of fire, and all organic life be burned up.

Hygienic Importance of Light.

Dr. MOORE, the metaphysician, thus speaks of the effect of light on body and mind:—"A tadpole confined in darkness would never become a frog; and an infant being deprived of heaven's free light will only grow into a shapeless idiot, instead of a beautiful and responsible being. Hence, in the deep, dark gorges and ravines of Swiss Valais, where the direct sunshine never reaches, the hideous prevalence of idiocy startles the traveller. It is a strange melancholy idiocy, many citizens are incapable of articulate speech; some are deaf, some are blind, some labor under all these privations, and all are misshapen in almost every part of the body. I believe there is in all places a marked difference in the healthiness of houses according to their aspect with regard to the sun; and those are decidedly the healthiest, other things being equal, in which all the rooms are, during some parts of the day fully exposed to the light."

Epidemics attack inhabitants on the shady side of the street and exempt those on the other side, and even in epidemics, such as ague, the morbid influence is often thus partial in its labors.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 24, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year. The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

SURGEON-GENERAL HAMMOND.

On his return to New York from Hilton Head, Surgeon-General HAMMOND seems to have re-embarked almost immediately to inspect the military posts on the Gulf of Mexico. The following is the order under which he is acting:

"The Sanitary condition of the Department of the South and Gulf requiring special attention and care at this time, it is ordered:—That Surgeon-General WM. A. HAMMOND proceed by the first steamer sailing from New York to Hilton Head and Charleston Harbor, thence to Key West and New Orleans. He will establish his headquarters in the Department of the Gulf until further orders, giving his special personal attention to the medical branch of the service in that Department and in the Department of the South, securing the adoption of the proper sanitary measures required for the preservation of the health of the armies in those Departments. He will report to the Secretary of War every ten days."

This is certainly very unusual employment for a Surgeon-General, and we can hardly interpret his being detailed on such a mission as a "compliment" to his "profound knowledge of Hygiene," as is done by a cotemporary.

We announced a few weeks ago that a commission had been appointed to investigate into alleged maladministration of the affairs of the Medical Department. That commission is now in session in this city. It has been asserted in the newspapers that they have discovered nothing which will lead to the crimination of Dr. HAMMOND. We certainly hope, for his sake and for the credit of our profession, that they will not, though we doubt not that such an announcement is premature and unauthorized. It is very evident that newspaper penny- liners are, and have been, engaged in trying to shield Dr. HAMMOND from public censure for some of his acts.

We trust that it will be in the line of inquiry of the commission to find out how many homoeopaths, eclectics, and irregulars and incompetents of all kinds, have been appointed to positions under Dr. HAMMOND's administration.

The *American Medical Times*, the special organ of Dr. HAMMOND, recently published an elaborate article reviewing his services, and setting forth his claims for the position to which certain influences, some of them we fear of a questionable character, had appointed him. Now we are not disposed to detract from Dr. HAMMOND any merit that really belongs to him for his management of the medical department of the army. We have uniformly spoken of his administration in commendation, where we could conscientiously do so. But our readers are aware that we did not recognize the necessity of the change in administration when it took place. The department was in good hands when it was re-organized, and there was no call we thought for a change in its head. It is very far from being true, as asserted by the *Times*, that Surgeon-General HAMMOND's predecessor was an octogenarian, and the insinuations of that journal in derogation of his mental and physical qualifications are unworthy of it. He was entirely competent for the discharge of the duties of the post, and we have no doubt would have proved himself fully equal to the extraordinary emergencies in which the Medical, in common with every department of the Government, was placed by the rebellion.

As to Dr. HAMMOND's peculiar qualifications for the position, the *Times* certainly exaggerates them

greatly. His service in the medical staff of the army had been of but short duration, and in a time of profound peace, when assistant surgeons had little opportunity for practical experience and observation. "Distinguished as a teacher in a prominent medical school." When? Where? If our memory serves us rightly he was for one or two sessions a professor in the Medical Department of the University of Maryland. If he was so distinguished, why were not his services retained? "A world-wide reputation as a scientific medical writer." This was chiefly confined to contributions to a medical journal detailing some physiological experiments and speculations, observations on certain animal poisons, etc. "The best possible representative of the medical profession, and of the volunteer corps." To the first assertion we enter an emphatic disclaimer, and fear not but our profession will fully bear us out in it. Our answer to the second assertion is, that but a moment before, the *Times* claimed Dr. HAMMOND's fitness for the position on the ground of services on the medical staff of the army. He had but recently resigned his position in the regular army, and it cannot fairly be claimed for him that he was the "best possible representative of the volunteer corps." What were his qualifications for instance, in any respect claimed by the *Times*, in comparison with those of Dr. FRANK H. HAMILTON, of New York?

The *Times* makes the claim that among Surgeon-General HAMMOND's first acts was the "re-organization of the Examining Boards, and raising the standard of qualification for admission to the regular and volunteer staffs," thus passing to his credit an inevitable result of the progress of events. The requirements for admission into the staff of the regular army always were of the severest kind, while, when the change was made in the administration of the department, the incompetent volunteer surgeons were in process of being removed as fast as possible. The former administration could not justly be held responsible for the incompetent volunteer surgeons with whose appointment to their positions it had had nothing to do, until it had time to have their claims investigated. We are certain that on this score nothing was gained by the change. Much credit has been given to Dr. HAMMOND for his proposed Medical and Sur-

gical History of the War. We will certainly accord him the credit of putting the execution of the work into good hands. The work itself is nothing new, as any one knows who knows anything of the past history of the Department. That there is more interesting material for such a work now than in former years, is no ground to base Dr. HAMMOND's claims for the office upon. So, in regard to the Army Medical Museum about which, a great deal has been said. Its establishment is due to the exigencies of the times, and Dr. HAMMOND only did what any Surgeon-General would have done.

The office of Surgeon-General of the United States is one of great importance and dignity. Its occupant should have a better claim to it than any founded on mere personal or monied influence, or the advocacy of parties whose influence has tended to degrade the Medical Bureau. He should be a man of experience, a practical man. Thirty or forty years schooling as an army surgeon, in our view, so far from disqualifying a man for the position of Surgeon-General, would, other things being equal, be a strong recommendation. The position is of sufficient importance too, to attach to it a higher rank than that of Brigadier General. The Surgeon-General should rank as a Major General in the army. All our medical officers should rank higher than they do.

There is no argument used by the *Times* in favor of the re-organization of the Medical Department of the Army that does not apply with equal force to that of the Navy. Does that journal favor the superseding of the present experienced head of the Naval Medical Bureau and the appointment of some impracticable, merely because he is younger in years?

EXCHANGE OF SURGEONS.

We recently propounded some queries as to the cause of the suspension of the plan adopted early in the war, of regarding surgeons as non-combatants. We have our answer in some correspondence published in a Richmond paper. It seems that some time since a Dr. RUCKER committed some alleged offences within the limits of West Virginia. The indictments against him charge him with murder, horse stealing, and other offences, and

the "commonwealth of Virginia" claim the right to punish him by their laws as a criminal. Dr. RUCKER being in the United States service at the time of his falling into the hands of the rebels, he is regarded by the Government as a prisoner of war, and entitled to treatment as such. Certainly the Government has no disposition to acknowledge the rebellion by acceding to the demands of the insurgents in this case, consequently, as a retaliatory measure, a Dr. GREEN of the rebel army has been placed in confinement as a hostage for Dr. RUCKER. The rebels have therefore stopped releasing our surgeons at all, lest they should by so doing appear to acknowledge the right of the Government to retain Dr. GREEN as a hostage for Dr. RUCKER. This course necessitates the retention of the rebel surgeons in the hands of the Government, and makes non-combatantism very good in theory, but very poor in practice, for the time being.

What the rebels are making by their course may be judged from the fact that while they have twenty-three United States surgeons and assistant surgeons which they refuse to exchange, there are upward of seventy of their surgeons and assistant surgeons in the hands of the Government.

The legitimate effect of this misunderstanding will be the neglect of the wounded by surgeons on the battle-field, for fear of falling into the hands of the enemy. It is to be hoped therefore that the affair will speedily be adjusted. We cannot see how it is possible for the Government to pursue a different policy in the case from the one it has laid down. If it is right, it must be firmly adhered to.

Notes and Comments.

Maimed Soldiers.

At the Haddington Hospital in this city for maimed soldiers, there are about seventy-five patients, under the professional care of Dr. R. J. LEVIE as surgeon in charge. There have been a number of cases where re-amputation was necessary.

Mr. B. FRANK PALMER of this city, the inventor of the celebrated Palmer limb, is fitting these men with substitutes for their lost legs.

New York Ophthalmic School.

The twelfth session of this institution was opened on the evening of the 17th inst., in the building corner

of Twenty-eighth street and Fourth avenue. The President, SOLOMON JENNER, Esq., introduced the exercises with a few appropriate remarks, which showed the usefulness of the institution, over 10,500 charity patients having been attended at this hospital since its organization. Dr. MARK STEPHENSON delivered the introductory lecture to his twelfth course, in which he spoke of the anatomy, pathology and treatment of diseases of the eye in the hospital. He dwelt at length on the tenderest organ of man, dissecting its every fibre, and depleting the blessing of vision in a happy manner. The attendance was rather large, and a good deal of interest was manifested by the audience during the discourse of Dr. STEPHENSON. Dr. MARCUS P. STEPHENSON, at the close of the exercises, announced the course of clinics and other lectures which would take place from henceforth.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, September 10th, 1863.

Death from Sting of a Fly.

A case of death from the sting of a venomous fly has just occurred at Lyons. A joiner named ELMIN a few days ago consulted his physician on a painful pimple which he had on his forehead, the doctor, on opening it with a bistoury, was astonished to find the inside quite black. From the account it would seem that this disciple of *Æsculapius* was utterly ignorant of the nature of carbuncle; for, instead of extirpating the disorganized part, and applying a powerful caustic, he simply dressed the man without doing anything, and the patient died in the course of twenty-four hours, with his whole face swollen to an enormous size. I may here state that this affection is extremely rare at Paris, notwithstanding the contrary opinion expressed some time ago in some of the Paris journals, which attributed the disease to the stagnant waters of the canal St. Martin, and the dead bodies of cats and dogs thrown into it; this year one case only of this description has been treated in the capital at the Hôpital Necker; in 1862, there were but three, and the year before only one. Generally speaking, none but knackers and tanners, or those who live in the immediate vicinity of places where these crafts are practised, are liable to contract this disease, either through infection by contact, or inoculation by an insect. Hence the canal St. Martin is not more dangerous than the Seine; first, because it is regularly cleansed, and then because flies generally seek the air and sunshine, and do not therefore haunt arched passages and dark places, such as sewers, etc.

Sugar made from cast off Skins of Serpents.

You may remember that in 1861, M. DE LUCA made some experiments, from which it appeared

that the skins cast off by silk worms might be transformed into sugar. The same chemist has now sent in a paper to the Academy of Sciences, in which he describes a similar process for changing serpents' skins into sugar. These skins contain a small quantity of a substance resembling the cellulose of plants, soluble in ammoniuret of copper, and transformable into glucose, which reduces the tartrate of copper and potash, and ferments under the influence of yeast, yielding thereby carbonic acid and alcohol. Concentrated sulphuric acid and a solution of potash are the best reagents for depriving serpents' skins of their nitrogenous matter—the residue, although very refractory to chemical agents, may nevertheless be transformed into fermentable glucose, recognisable from its property of reducing the tartrate of potash and copper. Thus M. DE LUCA boiled 50 grammes of serpents' skins in a litre of water, containing 40 grammes of caustic potash; the skins having been previously treated with concentrated sulphuric acid; the liquid having been allowed to cool, a great deal of water was added, and the undissolved residue was several times wasted by decantation, and then treated with ammoniuret of copper, whereby an alkaline solution was obtained, which, on being neutralized by hydrochloric acid, yielded a white precipitate; this being heated in slightly acidulated water, reduced the tartrate of copper and potash, thereby showing that it was glucose or the base of sugar.—In another, somewhat similar operation, glucose was obtained which fermented in contact with yeast, producing carbonic acid and alcohol; the former was completely absorbed by caustic potash, the alcohol extracted from the solution by distillation, and insulated by means of crystallized carbonate of potash, was nearly pure, since it would burn without leaving any residue; rubbed between the hands it evaporated emitting an agreeable smell, though still partaking of that of animal matter. From all this it may be concluded that serpents' skins contain a very small quantity of sugary matter or glucose.

Marriages of Consanguinity.

Dr. GUIRON gives an account of the effects of marriages between relations, observed by him in a single family, and deduces the following consequences from his observations: That consanguinity exercises a depressing influence over the vital powers, and leads to sterility, deafness, and its natural concomitant privation of speech, weakness of the eyes, etc., that aided by other causes, such as drunkenness and the consequences of a dissolute life, it may determine paralysis, spontaneous gangrene, and a disturbance of the nervous system, and that lastly the intellectual faculties may be seriously impaired.

A Case of Trance.

A woman, supposed to be dead, was a few days ago removed to the hospital of Bildah, in Algeria, for the purpose of being subjected to a post mortem examination, her disease having appeared inexplicable to the medical men who had attended her.

As the Surgeon was about to make use of the scalpel and commence her dissection, the supposed corpse uttered a loud shriek and sat up; she had been in a state of lethargy and awoke only just in time. It will be remembered that ABRA PREVOZ, the author of 'Manon Lescaut,' was less fortunate, it is known that he died from wounds inflicted by the dissecting knife under precisely similar circumstances.

Inoculation as a Protection against Contagious Typhus Fever in Cattle.

A grazer of Pomerania has communicated to the school of Medicine, at Berlin, a method of his for preserving horned cattle from the contagious typhus fever, which, a few years ago, caused such uneasiness to agriculturalists in Germany. It consists in inoculating the animals with the saliva of a subject laboring under the disease by making an incision somewhat less than an inch in length on the inner side of the thigh.

Ill effects of Reading while travelling by Rail.

The attention of medical men both of England and France has of late been drawn to the ill-effects resulting from the habit of reading while travelling by rail. Dr. LEGRAND DE SAVILLE remarks, that reading under such circumstances is extremely fatiguing to the eyes, owing to the jolting of the vehicle, and that this fatigue induces headache, and often orbital pains round the eyes, with a slight congestion of the retina, which, when the habit has become regular and inveterate, and the subject is advanced in age, may in the end determine a real congestion of the brain.

A New Metal.

It appears that two German students, by means of the spectroscope have just discovered a new metal, a twin brother of thallium, a soft metal like lead, volatile; when burnt, instead of the green light of thallium, it gives a pure brilliant indigo colored light.

Pharmaceutical Chemistry.

An English paper states that a number of gentlemen met during the meeting of the British Association, at Newcastle, with the view of forming themselves into a body, for the purpose of advancing pharmaceutical chemistry. In this is seen one of those important steps of advancement, the first of which was the formation of the Pharmaceutical Society, and which must end in raising the great body engaged in the art and science of preparing medicines after the prescriptions of the physician into the truly responsible position which their duties require. On the continent the chemist and druggist is a professional man of no small scientific attainments, and it is to be hoped a similar status will soon be gained in England and the United States. The too frequent occurrence of death by poisoning, either from the ignorance or carelessness of the chemist and druggist, must make the people of both those countries sympathize with the object of the meeting.

Army and Navy News.

Promotions in the Regular Army.

The following is a list of the promotions in the Regular Army, since the publication of General Orders No. 181, of Nov. 1, 1863, and up to July 1, 1863. Those marked with a star are made by the President alone, the others are by and with the advice and consent of the Senate.

* Assistant-Surgeon James T. Ghiselin, to be Surgeon, June 14th, 1863, vice Wood, appointed Assistant-Surgeon-General.

Assistant-Surgeon John F. Randolph, to be Surgeon, August 27, 1863, vice DeCamp, retired.

Assistant-Surgeon George Hammond to be Surgeon, August 27, 1863, vice Edgar, retired.

Assistant-Surgeon Anthony Heger, to be Surgeon, September 17, 1863, vice White, killed in battle.

* Assistant-Surgeon Charles T. Alexander, to be Surgeon, February 9, 1863, vice Barnes, appointed Medical Inspector.

* Assistant-Surgeon Bennett A. Clements, to be Surgeon, February 27, 1863, vice Summers, appointed Medical Inspector.

Ordered.

Assistant Surgeon A. C. Rhoades, ordered to the Naval Hospital, New York.

Assistant-Surgeon S. D. Flagg, Jr., ordered to the Naval Laboratory, New York.

Assistant-Surgeon C. R. Greenleaf, U. S. Army, has been relieved from duty at the U. S. General Hospital, Chestnut Hill, Philadelphia, and ordered to report in person, without delay, to Surgeon J. Simpson, U. S. Army, Medical Director of the Middle Department, for duty in his office.

Assistant-Surgeon T. C. Brainerd, U. S. Army, has been relieved from duty in the Department of the South, and ordered to report for duty at the Chestnut Hill Hospital, Philadelphia, Pa.

Assistant-Surgeon-General R. C. Wood, U. S. Army, has been ordered to repair to Louisville, Ky., and establish his office at that place, instead of St. Louis, Mo.

Assistant-Surgeon C. S. DeGraw, U. S. Army, has been ordered to repair to Washington, D. C., to report in person to the Surgeon-General, U. S. Army, for assignment to hospital duty.

Surgeon D. L. Magraw, U. S. Army, has been relieved from duty in the Department of the Missouri, and ordered to repair, without delay, to Louisville, Ky., and relieve Surgeon A. P. Meylert, U. S. Volunteers, in the duties of Medical Purveyor at that place.

Assistant-Surgeon H. L. Sheldon, U. S. Army, now on duty at West Point, New York, on being relieved by Assistant-Surgeon E. S. Denoter, U. S. Army, has been ordered to report, without delay, to Major-General Banks, commanding the Department of the Gulf.

Assistant-Surgeon W. C. Spencer, U. S. Army, has been relieved from duty in the Department of the Gulf, and ordered to repair to Washington, D. C., to relieve Assistant-Surgeon E. S. Dunster, U. S. Army, now on duty in the Surgeon-General's office.

Assistant-Surgeon E. S. Dunster, U. S. Army, now on duty in the Surgeon-General's office, on being relieved by Assistant-Surgeon W. C. Spencer, U. S. Army, has been ordered to proceed at once to West Point, N. Y., and relieve Assistant-Surgeon H. L. Sheldon, U. S. Army, now on duty at that place.

Surgeon R. H. Gilbert, U. S. Volunteers, has been relieved from duty with the Army of the Potomac, and ordered to report in person to Surgeon John Campbell, U. S. Army, Philadelphia, Pa., Medical Director of the Department of the Susquehanna.

The Board instituted by Special Orders No. 414,

September 15th, 1863, of the War Department, to Examine the Hospitals in the Department of Washington, D. C., have been ordered to examine the hospitals in the District of St. Mary's, Md., and report in like manner the names of all the occupants, whether patients or enlisted men, connected therewith, who are able to join their regiments; also the names of all the regular soldiers, whether sick or not. The company and regiment of each man will be given and also the name of the Surgeon in charge of the hospital.

Surgeon D. L. Magruder, U. S. Army, has been relieved from duty in the Department of the Missouri, and ordered to proceed, without delay, to Louisville, Ky., and relieve Surgeon A. P. Meylert, U. S. Volunteers, in the duties of Medical Purveyor of that place.

Assistant-Surgeon R. Fletcher, U. S. Vols., Assistant-Surgeon N. F. Marsh, U. S. Vols., and Assistant-Surgeon H. Eversman, U. S. Vols., to report in person, without delay, for duty, to Surgeon W. S. King, U. S. Army, Medical Director Department of Ohio, at Cincinnati, Ohio, and by letter to Assistant-Surgeon-General Wood, at Louisville, Ky.

Assistant-Surgeon J. M. Study, U. S. Volunteers, to report in person, without delay, for duty, to Surgeon J. Moore, U. S. Army, Medical Director of the Department of the Tennessee, at Vicksburg, Miss., and by letter to Assistant-Surgeon-General Wood, at Louisville, Ky.

Surgeon George E. Cooper, U. S. Army, to proceed without delay to Louisville, Ky., and report in person to Assistant-Surgeon-General Wood, at that place, for duty.

Surgeon C. H. F. Campbell, U. S. Vols., Assistant-Surgeon E. P. Morong, U. S. Vols., and Assistant-Surgeon N. S. Barnes, U. S. Vols., to report in person, without delay, for duty, to Surgeon Charles Sutherland, U. S. Army, Medical Director Department of Virginia and North Carolina, at Fort Monroe, Va.

Assistant-Surgeon J. W. Leete, U. S. Vols., to report in person, without delay, for duty, to Surgeon J. Simpson, U. S. Army, Medical Director Middle Department, Baltimore, Md.

Assistant-Surgeon G. A. Mursick, U. S. Volunteers, to report in person, without delay, to Surgeon R. O. Abbott, U. S. Army, Medical Director, Washington, D. C., for duty in the Stanton Hospital.

Detached.

Hospital Steward Charles C. Smith, U. S. Army.

Surgeon James Laus, detached from the Naval Laboratory, New York, and waiting orders.

Assistant-Surgeon Walter R. Scofield, detached from the Navy Hospital, New York, and ordered to the supply steamer Union.

Assistant-Surgeon Daniel McMurtrie, detached from the Minnesota, and ordered to the Sangamon.

Assistant-Surgeon Wm. S. Fort, detached from the Sangamon and ordered to the Minnesota.

Resigned.

Assistant-Surgeons F. T. Dale and R. J. Lewis.

Revoked.

The appointments of the following named Hospital Stewards, U. S. Army, have been revoked:—John M. Robinson, J. K. McCurdy.

Miscellaneous.

The Commanding General, Department of the East, has been authorized to remove the sick and wounded prisoners at David's Island, New York harbor, to one of the smaller hospitals on Bedloe's Island, and to transfer the patients in hospital at Fort Schuyler to David's Island.

The MacDougall Hospital has been discontinued, and the buildings will be removed.

Discharged.

By direction of the President, the following officers have been honorably discharged the service of the United States:—

Surgeon E. D. Bailey, U. S. Volunteers.

George B. Twitchell, U. S. Volunteers.

Dismissed.

The following Assistant-Surgeons have been court-martialed and dismissed from the service:—

Assistant-Surgeon William Robinson, 8th Kentucky Vols.; Assistant-Surgeon George Dougherty, 50th New York Vols.; Assistant-Surgeon James M. Morrison, 48th Pennsylvania Vols.; Assistant-Surgeon Edward G. Pugsley, 1st Minnesota Vol.

The following promotions and appointments have been made by the Governor, in the New York State Volunteer Regiments, since the 1st of Sept. 1863:—

Assistant-Surgeon Augustus Campbell, 148th vols., to be Surgeon, August 27, 1863, vice J. E. Dexter, discharged.

Frederick S. Treadway, to be Assistant-Surgeon, 75th regiment, August 25th 1863, vice W. Blaisdell, resigned.

Charles Mitchell, to be Assistant-Surgeon 110th regiment, August 31st, vice C. E. Huntington, resigned.

Edwin Hutchinson, to be Surgeon 127th regiment, August 23d, 1863, vice J. M. Farrington, resigned.

George H. Fossard, to be Assistant-Surgeon 146th regiment, September 10th, 1863, vice E. C. Ross, resigned.

Assistant-Surgeon Calom H. Carpenter, to be Surgeon, August 14th, 1863, vice J. Bellows, resigned.

Philo K. Stoddard, to be Assistant-Surgeon 161st regiment, September 8d, 1863, vice J. L. Dolson, resigned.

William T. Neulis, to be Assistant-Surgeon 69th N. G. Artillery, September 10th, 1863.

The following commissions have been issued by the Governor of Massachusetts during the week ending October 17th:—

William Ingalls, M. D., of Winchester, 5th regt. Mass. V. M., to be Surgeon 59th reg ment, October 13th, 1863.

Byron L. Fowler, to be Assistant-Surgeon 9th regt. Artillery, September 7th, 1863, vice B. Dewitt, resigned.

McDougall Hospital.

The McDougall General Hospital, at Fort Schuyler, New York, is to be closed without delay, and its patients removed to other hospitals. This is one of the oldest of the United States military hospitals, and contains two thousand beds. It is under the charge of Assistant-Surgeon WARREN WEBSTER, United States Army.

Medical Headquarters Removed.

By order of the War Department, Assistant Surgeon-General WOOL has removed his headquarters from St. Louis, Mo., to Louisville, Ky.

News and Miscellany.

It is rumored that Gen. FORRY has died of yellow fever.

A Discovery.

A discovery, it is said, has been made in Russia, whereby the mercury used in manufacture of looking-glasses may be so hardened as to bid defiance to humidity, friction, or blows. The plate glass thus

prepared may be transported without fear of damage, and the silvering being accomplished by a cheaper process than any yet known, the glass is ten or twenty per cent. cheaper than at present.

The Professorships in the Free Academy.

Dr. JOHN OGDEN DORNEMUS has been appointed by the Board of Education to the vacated professorship in the Department of Chemistry and Physics of the New York Free Academy. Dr. JOHN C. DRAPER has been constituted professor in the department of Natural History and Physiology, in place of Dr. DORNEMUS, who previously held the position.

New York Ophthalmic Hospital.

Dr. M. STEPHENSON, Senior Surgeon to the New York Ophthalmic Hospital, at the corner of Fourth Avenue and Twenty-eighth Street, reported to the Board of Directors, on the 13th inst., 320 additional charity patients with diseases of the eye, since the last quarterly report, and over 10,500 since its organization.

OBITUARY.

The following obituary notice of the late Dr. CALVIN WEST of Indiana we copy from the *Cincinnati Lancet and Observer*. "He died at peace with himself, with the world, and with his God.

In the latter part of May last, at the solicitation of Gov. Morton, and the sanitary authorities of the State of Indiana, Dr. West, with others, went down the Mississippi river to render special volunteer surgical aid to the needy of General Grant's army, who were wounded in the sanguinary battles that immediately preceded the regular investment of Vicksburg. He remained with the army in the vicinity of Vicksburg in active service until the first of August, when he was seized with a violent but painless diarrhoea, and in a few days left for home.

After much suffering from the inconvenience of travelling, he arrived at home on the 12th of August in a very debilitated condition. A few days of home management made such a favorable change in his disease and condition as led to the liveliest hope of an early restoration to health. But a relapse set in on the 22d of August, increasing on the 23d, and although the diarrhoea was then checked, he was so far exhausted that he continued to sink, and quietly expired at 1.30 o'clock, A. M., on the 23th, twenty-five days after the beginning of the attack. With a clear intellect he was entirely conscious until within a few minutes of his demise, and comprehending fully his situation, made every disposition for his approaching transit to eternity.

Thus did the patriotic volunteer fall a victim to the destroying angel while responding to an appeal to his professional philanthropy made by the rulers of the State. And lately the special volunteer service has been particularly fatal to Indiana Surgeons. Dr. Bullard, of Indianapolis, Dr. Elliott, of Thorstown, and Dr. West, of Hagerstown, all members of this same expedition, have died of disease contracted while on their mission of mercy.

Dr. West was the youngest son of an extensive and thrifty farmer in Oneida County, New York. Having little inclination for farm duties, and early manifesting a great devotion to books, he was given a liberal education. He studied medicine with Drs. G. W. and H. H. Pope in Rome, N. Y., and graduated at Fairfield in 1831. The same year he left for the West, and after several changes of location, finally settled, about eighteen years ago, in Hagerstown, where he continued until his death. In 1832-33 he attended lectures, and took the *ad eundem* degree in Jefferson Medical College, Philadelphia. In 1834, he married the youngest daughter of Dr. Jacob Wolf, who survives him without children.

Dr. West was intensely devoted to his profession in its highest and scientific aspect. He was a constant attendant at County, State and National Medical Society meetings, and always an active and working member; was diligent in the observation of the phenomena of disease in the living, and of pathological changes in the dead. He had a high sense of order, and was methodical in all his affairs, in some things to a fault. He was a liberal supporter of whatever tended to elevate the professional standard or promote the professional welfare. He was the greatest patron of medical journals, had the largest library, the most extensive anatomical and pathological museum, and the most complete assortment of surgical instruments and other appliances in mechanical medicine of any practitioner in his own part of Indiana, and I presume his possessions were, in these particulars, more ample than those of any one in the State.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Dr. A. F. Michigan.—The price for the REPORTER and *Bartholwite* in advance is \$3. These are our lowest terms for any number of copies. You will find different prescription books and their prices published under the head of Formulaires in our premium book list in No. 360. *Pereira's* little work is an excellent instructor on the subject of writing prescriptions.

Dr. G. J. J., New Jersey.—The *Pessaries* were sent by mail on the 19th inst.

Dr. C. H. H., New Hampshire.—Your enclosure calling for back numbers has been duly received, and will be attended to.

Dr. J. C. D., Ohio.—The price of *Duchenne's* Faradizing apparatus is \$3—without the battery. The price of the Electro-Magnetic battery is from \$10 to \$15, and of a Magneto-Electric machine about \$3.

Dr. S. F. S., New York.—We sometimes furnish wood-cuts to the articles of correspondents where they are satisfactory, and also insert them when they are sent by the author.

Dr. W. S. H., Ohio.—We have sent you the vaccine matter. It is a scarce article just now, though a great deal is due us from those to whom we have sent supplies, and we expect to be able to supply all demands which are rapidly increasing. Our plan is a very great accommodation to the profession, and we hope all will co-operate with us by adhering strictly to our terms.

Dr. J. L. C., Mass.—We can furnish the first five volumes of the REPORTER unbound, at the original subscription price, viz.: \$7.50.

MARRIED.

BARTHOLOMAY-BAILEY.—At St. Paul's Church, Philadelphia, on the 22d inst., by the Rev. Dr. Goddard, Surgeon John H. Bartholomew, U. S. A., and Miss Emma C. Bailey, of Philadelphia.

BOSTWICK-HUSTED.—October 8th, in Centerville, R. I., by Rev. J. B. Husted, Dr. E. W. Bostwick, of Hudson, N. Y., and Miss Mary R. Husted, daughter of the officiating clergyman.

FRISHMUTH-CONOVER.—On Thursday, October 14th, at Keyport, N. J., by Rev. S. Lockwood, Jacob Frishmuth, M. D., and Henrietta, daughter of P. F. Conover, all of Keyport.

GRAHAM-BROWN.—October 7th, by Rev. C. R. Hartman, Carle Graham, M. D., of New York, and Miss Emma Brown, of Middletown Point, N. J.

HARRIMAN-PEAK.—On Wednesday, October 14th, at Trinity Chapel, New York City, by Rev. William S. Ludlam, Horace M. Harriman, U. S. N., and Sophie A. Simmons, adopted daughter of Dr. U. H. Peak, of Fort Howard, Wisconsin.

M'CELLON-WATSON.—On Tuesday, September 29th, by Rev. R. F. Sample, Dr. John K. M'Cellon, of Baltimore, Md., and Miss Ella, daughter of Dr. W. H. Watson, of Bedford, Pa.

MILLER-CUNNINGHAM.—On the 6th inst., by Rev. A. O. Rockwell, assisted by Rev. O. H. Miller, Oliver L. Miller, M. D., and Miss Mary Jane Cunningham, all of Lebanon, Allegheny County, Pa.

NEWPORT-SMITH.—In Perth Amboy, N. J., on Thursday, October 22d, by Rev. Alexander Jones, D. D., Henry Newport, of New York, and Mary Scott, daughter of Charles McK. Smith, M. D.

OPDYKE-POST.—In New York City, on Tuesday, October 20th, at the Collegiate Dutch Church, by Rev. George E. Post, William S. Opdyke, and Margaret E., daughter of Prof. Alfred C. Post, M. D., of that city.

POTTER-NEWTON.—In New York City, on Monday, October 19th, at the residence of the bride's father, Robert S. Newton, M. D., by Rev. W. P. Strickland, Willard C. Potter, of Memphis, Tenn., and Mary F. Newton, wife of Cincinnati.

REVES-CLOW.—On Wednesday, October 31st, at St. Paul's Church, Tivoli, N. Y., by Rev. Mr. Platt, Augustus H. Reeves, of New York, and Jennie Livingston, daughter of the late Robert Clow, M. D., of Clairmont.

TICE-OLMSTEAD.—On Monday, October 5th, at the residence of the bride's parents, by Rev. J. B. Sherrill, Lewis Tice, M. D., and Miss Ruth A., daughter of Chauncey Olmstead, Esq., all of Meridian, N. Y.

WEIR-McPHERSON.—At All Saints' Church, Frederick, Md., October 8th, by Rev. Mr. Perryman, Dr. Robert E. Weir, U. S. A., and Maria, daughter of Mr. Robert G. McPherson of Frederick.

DIED.

BUCKELEW.—In New Brunswick, N. J., on Thursday morning October 15th, Frederick Buckelew, M. D., aged seventy-seven years and three months.

DAROT.—In Newark, N. J., October 23d, of paralysis, John S. Darot, M. D., aged seventy-six.

ELMER.—In Springfield, N. J., on Saturday, October 17th, Dr. John C. Elmer, aged 46 years.

METEOROLOGY.

October	12,	13,	14,	15,	16,	17,	18.
Wind.....	W.	W.	N. W.	N. W.	N. E.	S. W.	S.
Weather....	Clear.	Clear.	White	Clear.	Cloudy	Clear.	Clear.
		Frost.	Fog.		Rain.		Fog.
Depth Rain...					1 4-10		
<i>Thermometer</i>							
Minimum.....	45°	35°	42°	43°	43°	54°	54°
At 8 A. M.....	57	47	50	55	64	61	59
At 12 M.....	55	57	57	70	65	68	73
At 3 P. M.....	57	57	63	72	66	68	74
Mean.....	53.5	49	53	63	62	62.7	63
<i>Barometer.</i>							
At 12 M.....	30.1	30.2	30.2	30.1	29.9	30	30

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.

	Philadelphia. Week ending October 17.	New York. Week ending October 19.	Baltimore. Week ending October 19.	Boston. Week ending October 17.	Providence. Month of September.
Pop'n, (estimated.)	580,000	920,000	240,000	180,000	52,000
<i>Mortality.</i>					
Male	146	237	63	36	65
Female	102	184	42	55	62
Adults	180	191	49	86	60
Under 15 years.....	142	225	53	52	67
Under 2 years.....	95	149	27	50*	48
Total.....	308	421	105	91	127
Deaths in 100,000.....	63.1	44.32	43.73	50.55	244.23
American	210	271	...	69	105
Foreign.....	76	150	...	22	22
Negro.....	12	6	21	4	3
<i>ZYMOTIC DISEASES.</i>					
Cholera, Asiatic.....	8	6	...	9	13
Cholera Infantum.....	...	...	...	...	...
Cholera Morbus.....	...	2	...	...	...
Croup.....	5	15	9	5	1
Diarrhoea.....	7	19	...	6	8
Diphtheria.....	12	11	5	3	2
Dysentery.....	1	11	3	1	21
Erysipelas.....	1	...	...	...	1
Fever, Intermittent.....	1	1	...	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	3	17	1	1	...
Fever, Typhoid.....	9	14	3	2	4
Fever, Typhus.....	...	7	1	...	1
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	3	3	2	3	3
Influenza.....	...	...	...	...	...
Measles.....	...	...	...	...	1
Small Pox.....	1	1	4	...	...
Syphilis.....	...	...	...	...	...
Thrush.....	...	...	...	...	...
<i>SPORADIC DISEASES.</i>					
Albuminuria.....	1	4	...	...	...
Apoplexy.....	6	7	...	...	1
Consumption.....	49	65	22	12	16
Convulsions.....	11	26	3	3	3
Dropsy.....	13	23	3	4	3
Gun-shot Wounds.....	5	1	...	...	...
Intemperance.....	1	8	...	...	2
Marasmus.....	13	37	...	3	2
Pleurisy.....	...	2	...	...	...
Pneumonia.....	4	23	3	8	3
Puerperal Fever.....	1	...	...	...	1
Scrofula.....	1	...	1	1	1
Violence and Acc'ts	12	11	3	2	6

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.